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Only

STATEMENT OF SENATE **FEC ORGANIZATION** FORM 1 1:50 14 DEC 12 Office Use Only NAME OF Example: If typing, type (Check if name 12FĚ4M5 COMMITTEE (in full) over the lines. is changed) All Frankein Foir Seniate 2020 BOX: 583 144 ADDRESS (number and street) (Check if address is changed) ZIP CODE A COMMITTEE'S E-MAIL ADDRESS (Check if address infobalificaniken, com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address hititpi: 1/1/1010/01/101/16/vian Kieinicicom 11111111 is changed) DATE FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Borman homas Type or Print Name of Treasurer Date Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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	Office Use		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 06/2012)

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